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**CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)**

Applicant(s): **Hole et al.**

Docket No.

**24647-81901 (0-03-192)**

Application No.

**10/658,665**

Filing Date

**September 10, 2003**

Examiner

Customer No.

**34492**

Group Art Unit

**3763**

Invention: **USE OF NITRIC OXIDE AND A DEVICE IN THE THERAPEUTIC MANAGEMENT OF PATHOGENS IN MAMMALS**



I hereby certify that this **Revocation of Power of Attorney with New Power of Attorney and Change of Address** (2pp.)  
(Identify type of correspondence)

is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on  
**June 13, 2005**  
(Date)

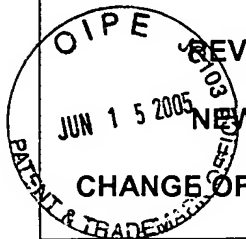
**Melody K. Gutierrez**

(Typed or Printed Name of Person Mailing Correspondence)

A handwritten signature in dark ink, appearing to read "Melody K. Gutierrez".

(Signature of Person Mailing Correspondence)

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**REVOCATION OF POWER OF  
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NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/658,665
Filing Date	September 10, 2003
First Named Inventor	HOLE et al.
Art Unit	3763
Examiner Name	
Attorney Docket Number	24647-81901 (0-03-192)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected herewith.

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

Please direct all future telephone calls to: Carissa A. Tener at (213) 896-6621.

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Doug Hole

Date:

6-2-05

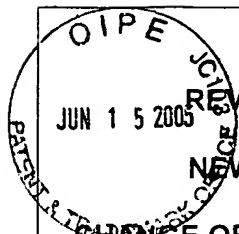
Telephone:

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NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

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**SIGNATURE of Applicant or Assignee of Record**

Signature

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5-19-05

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NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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